



MILWAUKEE COUNTY SENIOR DINING REGISTRATION

☐ NEW

☐ ANNUAL RENEWAL

SITE _____

DATE _____

LAST NAME		FIRST NAME		MI	SUFFIX JR SR I II III
ADDRESS		CITY		ZIP CODE	
BIRTHDATE (MM/DD/YYYY)	AGE	PHONE		EMAIL	
MARITAL STATUS	GENDER	RACE		ETHNICITY	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Unspecified <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Gender Nonconforming <input type="checkbox"/> Self-Describe _____	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino HOUSEHOLD <input type="checkbox"/> Lives Alone <input type="checkbox"/> Lives With Others MILITARY/VETERAN? <input type="checkbox"/> NO <input type="checkbox"/> YES	

2022-2023 INCOME LEVEL (Your response will not impact your eligibility. Age-based, NOT income-based)

For **one-person household**, income is below **\$1,132/month** (\$13,590 annually) ☐ NO ☐ YES

For **two-person household**, income is below **\$1,525/month** (\$18,310 annually) ☐ NO ☐ YES

FUNCTIONAL SCREEN		INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)	
✓ Client needs substantial assistance, verbal reminders, physical prompts, supervision		<input type="checkbox"/> Plans, prepares & eats adequate meals independently	
ACTIVITIES OF DAILY LIVING (ADLs)		<input type="checkbox"/> Takes care of shopping needs independently	
<input type="checkbox"/> Bathing: Gets in/out of Bath/Shower. Safely washes/dries self.		<input type="checkbox"/> Takes medications in correct dosages at proper times	
<input type="checkbox"/> Dressing: Dresses & undresses safely.		<input type="checkbox"/> Handles financial matters & day-to-day purchases	
<input type="checkbox"/> Toileting: Uses toilet & cleans self		<input type="checkbox"/> Participates in housekeeping tasks	
<input type="checkbox"/> Transferring: Moves in and out of bed or chair		<input type="checkbox"/> Launders items independently	
<input type="checkbox"/> Feeding: Uses utensils & eats independently		<input type="checkbox"/> Travels unassisted via personal vehicle, bus, taxi	
<input type="checkbox"/> Continence: Exercises complete self-control		<input type="checkbox"/> Dials and answers the telephone	
ADL TOTAL		IADL TOTAL	

NUTRITION SCREEN <i>Circle the Corresponding Number</i>		YES	NO	How did you hear about us? <input type="checkbox"/> Friend/Family <input type="checkbox"/> Facebook <input type="checkbox"/> Health Provider <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Email <input type="checkbox"/> US Mail <input type="checkbox"/> Church <input type="checkbox"/> Senior Center <input type="checkbox"/> Other _____	Under 60? <i>How are you eligible?</i> <input type="checkbox"/> Active Volunteer <input type="checkbox"/> Spouse of Active Diner <input type="checkbox"/> Disabled · Live in Dining Site <input type="checkbox"/> Disabled · Live w/Active Diner OFFICE USE <input type="checkbox"/> Received _____ <input type="checkbox"/> Diner Card <input type="checkbox"/> Diner Handbook <input type="checkbox"/> SAMS Entry _____ <input type="checkbox"/> STAFF _____
① A condition or illness changes the kind/amount of food I eat		2	0		
② I eat fewer than 2 meals each day		3	0		
③ I eat few fruits, vegetables or milk products		2	0		
④ I have 3+ drinks of beer, wine or liquor each day		2	0		
⑤ Tooth or mouth problems make it hard to eat		2	0		
⑥ I don't always have enough money to buy food		4	0		
⑦ I eat alone most of the time		1	0		
⑧ I take 3+ prescribed/over-the-counter medications		1	0		
⑨ Unintentionally, lost/gained 10 pounds in 6 months		2	0		
⑩ I am not always physically able to cook or feed myself		2	0		
NUTRITION RISK LEVEL: 0-2 LOW 3-5 MODERATE 6+ HIGH					

EMERGENCY CONTACT _____ PHONE _____ RELATIONSHIP _____

Privacy Statement: "The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff."

EFFECTIVE: NOVEMBER 1, 2022